

## Application Data Sheet

### **Application Information**

Application number:: Unassigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R???:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)??:  
Number of copies of CRF::  
Title:: CHARGE PUMP CIRCUITS AND METHODS  
Attorney Docket Number:: 015114-054000US  
Request for Early Publication:: No  
Request for Non-Publication:: Yes  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mian  
Middle Name::  
Family Name:: Smith  
Name Suffix::  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 669 Los Ninos Way  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Myron  
Middle Name::  
Family Name:: Wong  
Name Suffix::  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 420 Crystalline Drive  
City of Mailing Address:: Fremont  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Guu  
Middle Name::  
Family Name:: Lin  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1071 Mountain Shadows Road  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95120

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stephanie  
Middle Name::  
Family Name:: Tran  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US

Street of Mailing Address:: 5817 Chambertin Drive  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95118

#### **Correspondence Information**

Correspondence Customer Number:: 26059

#### **Representative Information**

Representative Customer Number:: 26059

#### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

#### **Foreign Priority Information**

Country:: Application number:: Filing Date::

#### **Assignee Information**

Assignee Name:: Altera Corporation  
Street of mailing address:: 101 Innovation Drive  
City of mailing address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95134